

City of Duluth
Wireless Communication Device Reimbursement Form
For Personal Wireless Service

I have read and understand the following regarding use of my personal cellular phone and service:

- I will use my personal wireless device in accordance with the policies and procedures set forth within the Wireless Communication Device Policy.
- My personal cellular phone will be used in the ordinary course of City business to perform my job duties.
- I understand that in exchange for me providing and using my personal cellular device and service to conduct City business, the City of Duluth will reimburse me an allowance of \$20 per month for cellular phone service, \$10 per month for texting service and up to an additional \$30 if a data plan is also required.
- I understand that some months the City business-related usage may be more or less than the per month reimbursement, and; I understand that the per month reimbursement is an estimate of business usage and the City of Duluth will not be reimbursing for business calls, data, or text usage in months that exceed the reimbursement amount.
- I also understand that, with proper notice to my supervisor and MIS, I may terminate this agreement.
- I understand that information related to the use of a personal device for City business may be considered governmental data, and may be subject to disclosure; if it is deemed personnel data which is classified as private, it still may be released pursuant to court order.
- All City provided devices and any personal devices that are capable or used with City purchased downloadable apps or have access into the City network or store/access City data must be enrolled in the Enterprise Mobile Management software administered by MIS. This allows the device to adhere to approved security policies and enables a remote wipe of the device. Any personal device used for data connection must be approved and tested by MIS.
- I have attached a copy of my cell phone bill to this agreement.
- I have attached a Purchase Authorization Form (PAF) to this agreement.
- I understand that the City is providing me access to the following services for business use:

Phone Service \$20.....☐..... (Director Initials)

Data Service \$30.....☐..... (Director Initials)

Texting Service \$10.....☐..... (Director Initials)

Total Monthly Reimbursement Amount.....\$..... (Shall not exceed \$50)

---Send signed and approved form along with copy of personal cellular bill and approved PAF to MIS division---

Employee Name (*print*)

Department/Division

Employee Name (*signature*)

Employee Cell Phone Number

Department Head (*signature*)

Date

☐ iOS ☐ Android ☐ Blackberry ☐ Other
For Data Phones Only (check one)

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City of Duluth
Wireless Communication Device User Form
For City-Provided Wireless Service

I have read and understand to the following regarding use of a City issued wireless communication device at the City of Duluth:

- I will use a City issued wireless device in accordance with the policies and procedures set forth within the Wireless Communication Device Policy.
- I understand that I am making financial commitments on behalf of the City of Duluth and will strive to obtain the best value for the City.
- I understand that under personal emergency situations I may use the wireless phone to make personal calls, either for myself or for others, including unexpected illness, car trouble, inclement weather, etc.
- I have been given a copy of the Wireless Communication Device Policy, and understand the requirements for wireless device use.
- I will follow the established procedures for use of the wireless device. Failure to do so may result in either loss of privileges or other disciplinary actions.
- I understand that should I willfully violate the terms of the Agreement, I will reimburse the City of Duluth for all incurred charges and any fees related to the collection of those charges.
- I understand that the City is providing me access to the following services for business use:

Phone Service	<input type="checkbox"/>	_____ (Director Initials)
Data Service	<input type="checkbox"/>	_____ (Director Initials)
Up to 100 Texts per Month	<input type="checkbox"/>	_____ (Director Initials)
Unlimited Texting Service	<input type="checkbox"/>	_____ (Director Initials)

---Send signed and approved form to MIS division---

Employee Name *(print)*

Department/Division

Employee Name *(signature)*

Department Head *(signature)*

Date